

State of Minnesota  
HOUSE OF REPRESENTATIVES

EIGHTY-NINTH SESSION

H. F. No. 3819

04/06/2016 Authored by Gruenhagen

The bill was read for the first time and referred to the Committee on Health and Human Services Finance

1.1 A bill for an act  
1.2 relating to human services; modifying medical assistance coverage for  
1.3 chiropractic services; amending Minnesota Statutes 2014, section 256B.0625,  
1.4 subdivision 8e.  
1.5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.6 Section 1. Minnesota Statutes 2014, section 256B.0625, subdivision 8e, is amended to  
1.7 read:

1.8 Subd. 8e. **Chiropractic services.** ~~Payment for chiropractic services is limited to one~~  
1.9 ~~annual evaluation and 24 visits per year unless prior authorization of a greater number~~  
1.10 ~~of visits is obtained~~ (a) Medical assistance covers chiropractic services as provided by  
1.11 this subdivision.

1.12 (b) Medical assistance covers adjustments, mobilizations, or manipulations, as  
1.13 defined in section 148.01. Prior authorization shall not be required unless the number of  
1.14 visits in which an adjustment, mobilization, or manipulation was performed exceeds  
1.15 24 during a calendar year.

1.16 (c) Covered chiropractic services include other services covered under this section  
1.17 that fall within the scope of practice of chiropractic, as defined in section 148.01. These  
1.18 services include, but are not limited to:

1.19 (1) all evaluation and management services required for the care of new and  
1.20 established patients;

1.21 (2) medical supplies and equipment prescribed or provided by a chiropractor as a  
1.22 necessary adjunct to the direct treatment of the recipient's condition;

1.23 (3) therapeutic services, as defined in section 148.01, subdivision 1, clause (6); and

1.24 (4) diagnostic services, as defined in section 148.01, subdivision 1, clause (5).

2.1 (d) Services provided by a chiropractor shall be reimbursed at the highest base rate  
2.2 for the current procedural terminology (CPT) code that would apply if the service was  
2.3 provided by a physician, osteopath, physical therapist, or other provider, as follows:

2.4 (1) for a service other than an adjustment, mobilization, or manipulation, the same  
2.5 CPT code that is applied to other health care providers must be used; and

2.6 (2) for an adjustment, mobilization, or manipulation, the CPT code for the covered  
2.7 procedure that is the closest equivalent to an adjustment, mobilization, or manipulation  
2.8 must be used.

2.9 (e) This subdivision applies to chiropractic services and reimbursement provided  
2.10 under fee-for-service, and provided through managed care plans, county-based purchasing  
2.11 plans, and other entities under sections 256B.69 and 256B.692 and chapter 256L.